

State of Tennessee
Department of Health

Board of Veterinary Medical Examiners

227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243
(Toll Free) 1-800-778-4123 ext. 25090
615-532-5090
tennessee.gov/health



Application for Premises Permit

Veterinary Facilities



2303-001	Application Fee	\$ 25
2303-001	Premises Inspection Fee	200
2303-006	State Reg Fee	10
	Sub-Total	\$235
2303-001	Premises Permit Fee	160
	Total	\$395

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243

TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS
(615) 532-5090
1-800-778-4123 ext.25090
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VETERINARY FACILITY PREMISES PERMIT APPLICATION

INSTRUCTIONS

1. Complete this application, have it notarized, and mail it to the above address.
2. Enclose a non-refundable check for \$235 (non-vet owners remit \$395)
3. Make check payable to the Board of Veterinary Medical Examiners.

Name of Facility:	Fax Number: ()	Phone Number: ()
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Mailing Address:	Street/P.O. Box/RR#	City	State	Zip Code
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Premises Owner/Contact Person:	Email Address:	Phone Number: ()
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Address:	Street/P.O. Box/RR#	City	State	Zip Code
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Supervising Veterinarian:	Email Address:	License #:	Phone Number: ()
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Address:	Street/P.O. Box/RR#	City	State	Zip Code
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Check Type of Business Entity

- ☐ Veterinarian - (sole proprietorship)
☐ Veterinarian - (partnership)
☐ Partnership - (any partner not a licensed vet)
☐ Corporation or other similar organization
☐ Limited Liability Company

Check Type of Practice

- ☐ Large Animal
☐ Mixed
☐ Small Animal
☐ Emergency
☐ Specialty _____
☐ Other _____

Check Type of Facility

- ☐ Animal Medical Center
☐ Clinic
☐ Hospital
☐ Mobile Facility
☐ Office
☐ Retail Establishment

Directions to Facility:	Office Hours:
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Mon.

Tues.

Wed.

Thurs.

Fri.

List All Premises Owners/Shareholders (attach list if necessary)

Name:			Phone Number: ()		
Address:		Street/P.O. Box/RR#	City	State	Zip Code

Name:			Phone Number: ()		
Address:		Street/P.O. Box/RR#	City	State	Zip Code

Name:			Phone Number: ()		
Address:		Street/P.O. Box/RR#	City	State	Zip Code

Name:			Phone Number: ()		
Address:		Street/P.O. Box/RR#	City	State	Zip Code

List <u>All</u> Veterinarians Practicing In Facility: (attach list if necessary)					
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Name:		Lic #			
Address:		Street/P.O. Box/RR#	City	State	Zip Code

Name:		Lic #			
Address:		Street/P.O. Box/RR#	City	State	Zip Code

Name:		Lic #			
Address:		Street/P.O. Box/RR#	City	State	Zip Code

Name:		Lic #			
Address:		Street/P.O. Box/RR#	City	State	Zip Code

List <u>All</u> Veterinary Medical Technicians Employed By Facility: (attach list if necessary)					
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Name:		Lic #			
Address:		Street/P.O. Box/RR#	City	State	Zip Code

Name:		Lic #			
Address:		Street/P.O. Box/RR#	City	State	Zip Code

Name:		Lic #			
Address:		Street/P.O. Box/RR#	City	State	Zip Code

Name:		Lic #			
Address:		Street/P.O. Box/RR#	City	State	Zip Code

TO BE COMPLETED BY THE FACILITY SUPERVISING VETERINARIAN

I, _____, D.V.M., of _____
(Supervising Veterinarian's Name) (City) (State)

affirm that I hold a valid and current license to practice veterinary medicine in Tennessee and that I am the supervising veterinarian for the facility listed on page one (1) of this application.

I affirm that no veterinary medical services shall be provided without the physical presence of a veterinarian licensed in Tennessee.

I affirm that I am accountable to the Board of Veterinary Medical Examiners for this facility's compliance with all state statutes and regulations governing the practice of veterinary medicine in Tennessee.

I affirm that I will notify the Board of Veterinary Medical Examiners at least thirty (30) days prior to the effective date of any change in my status as the supervising veterinarian for this facility or any change in the veterinarians practicing at this facility as listed on page two (2) of this application.

I affirm that I will notify the Board of Veterinary Medical Examiners, in writing, at least sixty (60) days prior to the opening of this veterinary facility.

I hereby authorize release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF SUPERVISING VETERINARIAN

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____

LL/G3039012